

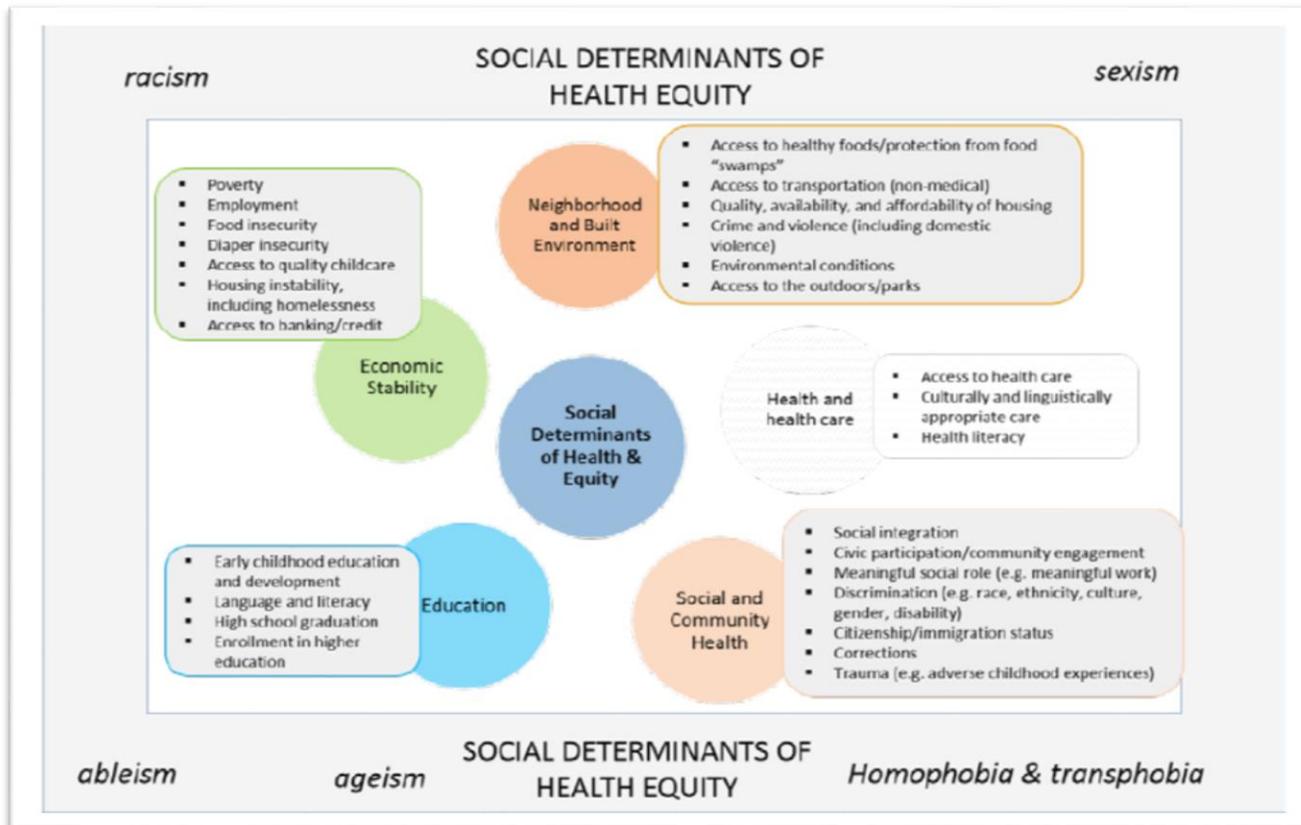
2018 Eastern Oregon Coordinated Care Organization (EOCCO) Community Health Assessment (CHA) Focus Group Report

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Overview of Data Collection

Between May and September of 2018, field team staff at the Greater Oregon Behavioral Health, Inc. (GOBHI) conducted 21 community health assessment focus groups within the 12 county EOCCO region, at least one per county. 17 focus groups were conducted in English and four in Spanish. The focus groups were recorded for accuracy and lasted about one hour and twenty minutes, including time for group discussion and follow-up questions. All focus group participants from each focus group were provided food and offered a \$25 gift card for their participation. Focus Groups are method of data collection focusing on qualitative information regarding attitudes, perceptions and beliefs of the participants. The focus group protocol covered three community health assessment focus areas: (a) *community health*, (b) *health and healthcare disparities*, and (c) *social determinants of health*. (See Appendix A for Focus Group protocol). Analyses consisted of transcribing the focus group discussion, coding the transcript using qualitative analysis software (MAXQDA) and analyzing content and key quotes that highlight relevant points for future discussion and action (See Appendix B for detailed procedures). Qualitative analysis codes followed the Oregon Health Authority Oregon Medicaid Advisory Committee Report and Recommendations for Oregon’s CCO Model (see Image 1).

Image 1: Addressing Social Determinants of Health in the Second Phase of Transformation (2017-2020), MAC Recommendations for Oregon’s CCO Model



SUMMARY OF FINDINGS: High Coverage Topics

As part of the data analysis, our analysis team used qualitative analysis software to code and determine the number of times an area of discussion was raised (based on unduplicated number of comments) and/or length of discussion. Highlighted topics that revealed high coverage can be found in the following tables: (A) Economic Stability, (B) Social and Community Context, (C) Health and Healthcare, (D) Neighborhood and Built Environment and (E) Education.

- A. **Economic Stability**:- This section includes Housing Instability, Transportation and Poverty. Participants in the EOCCO region had several comments about issues related to housing, specifically lack of/limited rental housing as well as the inability for people to access housing at all (homelessness). Combined with generational poverty and limited access to transportation in a geographically isolated area, these all serve as major factors that can impact the overall health and well-being of a community, especially in rural Oregon.
- B. **Social and Community Context**: This section includes Social/Community Cohesion, Community Programs, Rural Parity and Community Norming and discusses overall positive aspects of living in eastern Oregon-the sense of community. Many examples have been presented in Table B that highlight the positive community programs, outreach and volunteer work done within a community. However, there is mention of the need for rural parity to continue to provide programs and services in the rural areas; community partners cannot sustainably rely on grants and limited funding when the need for community health services is always on the rise.
- C. **Health and Healthcare Services**: This section includes Availability of Healthcare Services, Health Behaviors, Access to Healthcare, Healthcare for Vulnerable Populations, Specialty Care, Healthcare Workforce and Availability and Coverage. The major theme in this section is a need for increasing recruitment and retention of healthcare professional efforts in eastern Oregon. There is no question that rural and outlying areas are always in need of providers, either for specialty services, mental health services or other healthcare workforce to enhance services in the healthcare community (e.g. CHWs, care coordination, case management, health educators, application assistants).
- D. **Neighborhood and Built Environment**: This section includes Environmental Conditions and Access to Foods that Support Healthy Eating Patterns and focuses specifically on the natural environment and natural resources that can attribute to healthy lifestyles. Additionally, with several rural, EOCCO communities living in a food desert, accessing healthy fruits and vegetables year round is a continuous challenge, even though many areas are surrounded by farming and ranching-healthy food is not always accessible to all.
- E. **Education**: This section includes Early Childhood Education and Development. Many of the EOCCO region respondents highlighted early childhood education as having a major impact on health and wellness; in Table E much of the conversation highlights the need for health education and interventions beginning at an early age as well as needing the services and resources to prepare children for kindergarten.

Table A: Examples of High Coverage Topics (Economic Stability)

Economic Stability	Direct Quote Example
Housing Instability	<i>"We have a serious rental housing...shortage... [and the] rental housing we do have is out-priced for our availability...so affordable housing is a big concern."</i>
	<i>"...a lot of the housing instability and homelessness means that people go inside in to unsafe homes..."</i>
Transportation	<i>"...you're not going to live in an outlying area if you don't have transportation...there's...seniors in the outlying areas that don't get to come to town. They don't get to [go] grocery shopping because they have no transportation...unless they have a family member to take them shopping."</i>
	<i>"I think [there is an issue with] transportation to health care. We're getting better at having more specialists available instead of having to tele-commute [for appointments]..."</i>
Poverty	<i>[Referencing generational poverty] "they're starting from negative five. They're not starting at ground zero."</i>
	<i>"...if you are struggling to make sure you can pay electricity and your rent and you gotta get your SNAP card and make sure you can have a meal on the table for your kids, you're</i>

	<i>not going to be thinking about your health until you are in crisis because you spent all that time trying to make it to tomorrow.”</i>
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Table B: Examples of High Coverage Topics (Social and Community Context)

Social and Community Context	Direct Quote Example
Social/Community Cohesion	<i>“I’d say...I noticed...when someone is in need, whether they had an accident or cancer, we as a community lift them up we come and fundraise for them or just...wrap [our] arms around them in this community.”</i>
Community Programs	<i>“...the double-up food bucks program...at the farmer’s market which is twice a week, if you have SNAP benefit you can double [your benefits] up to ten dollars...so instead of 10 you now have 20 [dollars] that you can spend on produce at the farmer’s market.”</i>
	<i>“...a community thing that happens every summer is the Youth Program that’s...put on by Mental Health...it works with...the city, the Summer Program, they do swimming lessons and...all that kind of stuff for youth, so I think that’s good community help thing.”</i>
Rural Parity	<i>“We are stuck in projects. So we can’t quite grow up and we can’t go back. We can’t afford the services that our residents need...there’s a big demand [and] we are chronically under serving our residents, but we are doing what we can with the financial means that we have so it’s incredibly taxing to try to close those gaps.”</i>
	<i>“We have another issue with regionalization. We [partner with another county and] there’s a dozen employees...we have one part-time. We need parity in these counties. Housing, same issue...regionalization to help grow the community, to provide services in each community...there is just no parity.”</i>
Community Norming	<i>“I think...[it]...comes back to the sense of community, and when you have that strong sense of community and you... [have a] ...personal investment in your health...you can talk yourself out of it...when you have accountability because of your community, I think that really supports the healthy lifestyle. You have a group of people are going hiking, or you have these programs are community based, and there is a group of people expecting you to be there...our sense of community...helps us be healthier.”</i>

Table C: Examples of High Coverage Topics (Health and Healthcare)

Health and Healthcare	Direct Quote Example
Availability of Healthcare Services	<i>“We offer those living with chronic conditions...powerful tools for caregivers. I think those programs go a long way...something huge, that would benefit...providers and people coming in...[from] foster providers, to the kids at DHS and people caring for their aging parents or spouses.”</i>
Health Behaviors	<i>“Getting families involved and getting them more active [to] eat... healthier.”</i>
	<i>“Co-disorders often get the care they need for half of their problems. And that integrative approach in my opinion is needed to health reduce disparities for people with co-diagnoses.”</i>
Access to Healthcare	<i>[In reference to Medicaid Expansion population] ...” [There is] this huge group who never had health care before. They don’t know how to access the health care.”</i>
Healthcare for Vulnerable Populations	<i>“Isolation for the seniors that are out farther than transportation will bring them in...is a big issue that we discovered...if [families] ...don’t have transportation, it makes it difficult for them to come in for employment. It makes it difficult to come in for doctor appointments, for any kind of care. So, isolation is huge in an outlying area.”</i>
Specialty Care	<i>“Isolation for the seniors that are out farther than transportation will bring them in...is a big issue that we discovered...if [families] ...don’t have transportation, it makes it difficult for them to come in for employment. It makes it difficult to come in for doctor appointments, for any kind of care. So, isolation is huge in an outlying area.”</i>

Healthcare Workforce	<i>"[We need] mental health providers...[the mental health providers in the schools] are grant-funded positions...we can hire three people right now, but will we have...funding...three years from now...even if we had the money it's not forever."</i>
Affordability and Coverage	<i>"It's just like anybody else that can't afford their medications and they fall in that 'donut hole'...they can't pay for that insulin. Its \$600 and some dollars and so they're going without it."</i>

Table D: Examples of High Coverage Topics (Neighborhood and Built Environment)

Neighborhood and Built Environment	Direct Quote Example
Environmental Conditions	<i>[In discussion about water quality] "...Let's deal with water...[the] first time I thought somebody has been in this hotel before me in this room...what would it take to clean up the [water] system? It's the replacement of the pipes...and they do have a plan for that. They will be billing extra, the town, the county."</i>
	<i>"I think the bike-ability and walk-ability is pretty good, coming from bigger places. But I think it would be awesome to have bike paths..."</i>
Access to Foods that Support Healthy Eating Patterns	<i>"[People] are existing on food bank donations and the snack program or the Oregon Trail Card. You can get a whole lot of top ramen cheap, grains, that kind of stuff for a whole lot less than fresh meat, fresh fruits, vegetables, and so they really are at a disadvantage. They may be overweight and overfed but they are way under nourished with rich nutrients. I think that there is a real disparity there."</i>
	<i>.... "It's sad to me that we are living in the middle of wheat and fruit country and we have people that can't get access to fresh fruit and vegetables. It seems so ironic that we are goring food for the rest of the world and our own people are hungry and can't access high quality food."</i>

Table E: Examples of High Coverage Topics (Education)

Education	Direct Quote Example
Early Childhood Education and Development	<i>"I do see a stronger...public education [system] out here, and services [that educate]...on nutrition and how it interacts with the brain and body and people in general."</i>
	<i>"...well there are a lot of issues involved...we see students coming to school at age five, already two and three years behind where they should be at that age. Because they don't have early learning experiences, early literacy experiences, any type of growth enrichment at all...so they're already by age five they are halfway behind where they should be when they come ready to start school."</i>

QUALITATIVE RESULT COMPARISON: High Coverage Topics (English vs. Spanish) Focus Groups

In addition to reviewing high coverage topic areas across the 21 focus groups, our team of analysts also provided direct quote examples of comparison topics between the English and Spanish focus groups. This highest ranked sections for both English and Spanish included (a) Health and Healthcare (Availability of Healthcare Services, Health Behaviors, Affordability and Coverage, Healthcare for Vulnerable Populations and Access), (b) Social and Community Context (Social Cohesion and Community Programs) and (c) Neighborhood and Built Environment (Environmental Programs). Examples can be found in Table F below.

Table F: High Coverage Topic Comparison (English vs. Spanish Focus Groups)

Health Topic (English)	Health Topic (Spanish)	Direct Quote Examples
Health and Healthcare – <u>Availability of</u>	Health and Healthcare – <u>Health Behaviors</u>	(Availability of Healthcare Services-English) <i>"I'm...passionate about the Children's Community Nursery and the Boys and Girls Club for what they do...they are overall for young children to [be able to] ...start thinking positively about themselves and...raising kids to be...healthy physically and mentally. They</i>

<p><u>Healthcare Services</u></p>		<p>take care of food needs, medical care, whatever they need... two year olds to 16-17 year olds are taken care of in this community just through those two agencies.”</p> <p>(Health Behaviors-Spanish) “Pues yo diría que el estilo de vida porque hoy en día a ver cuántos niños vez jugando en el parque. La tecnología juega un papel importante porque muchos niños prefieren quedarse a jugar al XBOX, el WII, el Play, hay que salir a jugar o a correr después de la escuela. Entonces este tipo de falta de actividad hace que los jóvenes y los niños tengan sedentarismo entonces van a sufrir de actividades. Corren el riesgo de sobrepeso y con el sobrepeso y obesidad y con la obesidad problemas cardíacos y respiratorios diabetes entonces un es como una cadenita a la falta de actividad y luego comer mucha comida alta en calorías.”</p> <p>[Translation] “I would say that it’s lifestyle; in today’s world there are not many children playing. Technology plays an important role because many children prefer to stay in and play in the XBOX, Wii... when they should be going outside to play after school. This type of lack of physical activity makes youth and children more sedentary ... they run the risk of becoming overweight and with being overweight and obesity there are cardiac and respiratory health issues, diabetes... so it is like a small chain beginning with lack of activity, eating highly caloric food...”</p>
<p>Health and Healthcare – <u>Health Behaviors</u></p>	<p>Health and Healthcare – <u>Affordability and Coverage</u></p>	<p>(Health Behaviors-English) “I worry about...[having] an active lifestyle to do some of that proactive and preventative stuff for the elderly... We don’t have a mall to walk, and we don’t have an indoor wellness center. So some of those preventative things that are going to be critical for their ongoing health we’re going to be in active mode with pain medications and therapy after a problem has happened; because there’s... nothing enticing for a 70-80-year-old to go out walking in February on snowy streets. Some do it, but most hunker down, so I think that’s going to become a long-term problem for us. How do we keep or promote an active lifestyle for that demographic?”</p> <p>(Affordability and Coverage-Spanish) “Si en realidad sí, muchas de las veces nos quedamos mejor en la casa enfermos, con alergias a curarnos uno mismo porque no tenemos esos recursos y hay en lugares donde va uno y quieren que al momento pague uno y sin tener uno el dinero si no pagan no te atienden.”</p> <p>[Translation] “The reality is that many times we stay sick at home with allergies to get better by ourselves because we don’t have those resources and there are places where we go to look for care and they want you to pay right here and without the money upfront, they won’t provide you the health care.”</p>
<p>Social and Community Context – <u>Social Cohesion</u></p>	<p>Health and Healthcare – <u>Healthcare for Vulnerable Populations</u></p>	<p>(Social Cohesion-English) “...the community coming together to participate in programs from a variety of health organizations...for example, free screen week in May...or a health fair. From April to October and just the Health Fairs. I think the community reacts positively to that. And they get to go around and see the resources that are available to them and opportunity to learn more and just participate.”</p> <p>(Healthcare for Vulnerable Populations-Spanish) “También cuando uno tiene que llevar los niños al dentista y te dicen que les tienen que sacar estos dientes, pero solamente cubre tanto. También te limitan o te dicen que te tengo que referir haya, pero ya no te puedes regresar para acá, así que chiste. Te traen para ya y para acá como globo y pues así no.”</p> <p>[Translation] “Also when we take children to the dentist and they have to extract teeth, but they only cover so much, there’s a limit, or they</p>

		<i>refer you and you can't go back to them. You end up going back and forth [between providers]."</i>
Health and Healthcare – <u>Access to Healthcare</u>	Health and Healthcare – <u>Availability of Healthcare Services</u>	(Access to Healthcare-English) <i>"... you go and you may or may not see the person you were hoping to see...Or you end up in the ER, you're not going to see the same person...If you want to be seen quickly you're not going to see your primary care provider...And we can get seen really quickly, you can get...x-rays and CTs and some other things quicker than a lot of areas...so there is a lot of good stuff...as far as continuity."</i>
		(Availability of Healthcare Services-Spanish) <i>"Yo pienso que también estoy orgullosa de los servicios que tenemos en nuestra comunidad. En el tiempo que nos ayudan, Como los hospitales y clínicas, eso es algo que depende mucho aquí en nuestra comunidad necesitamos todas las personas en una emergencia. Yo me siento orgullosa que en mi comunidad tengamos ese tipo de ayuda."</i> [Translation]: <i>"I also think that I am proud of the services we have in our community. In those times that we get help, like the hospitals and clinics, this is something that we depend on here in our community all of the people may need in an emergency. I feel proud that in our community we have this type of help/services."</i>
Social and Community Context - <u>Community Programs</u>	Neighborhood and Built Environment - <u>Environmental Conditions</u>	(Community Programs-English) <i>"Something that just says 'open door.' So you can just...show up and hang out for a while and come and go...I think sports involves everything. It could be mental. If you have good people in place, good coaches...a coach is a teacher and a teacher is a coach. So it goes both ways. If you have those good people, you have that extension for anything for the mental...help... you have this small town, you know togetherness..."</i>
		(Environmental Conditions-Spanish) <i>"El ambiente, mantener tu lugar, para que no haiga tanta contaminación, como ... Como aquí tranquilo y limpio. Te puedes mover a otro condado donde está bien sucio y tiene basura en las yardas y todo eso. Y aquí no. Se me hace un ambiente bien limpio, saludable."</i> [Translation] <i>"The environment counts, we need to keep it up so there's no contamination like in other places... this is a calm and clean place. People can end up in dirty places with trash in yards. Not here. This is a clean and healthy environment."</i>

ADDITIONAL SUMMARY FINDINGS: Health and Healthcare Disparities and Social Determinants of Health

There were topics that did not receive the highest levels of coverage but remain important for community health planning. These include Health and Healthcare Disparities (Table G) and Social Determinants of Health (Table H). Below are additional direct quote examples from highlighted sections of several county-specific reports in the EOCCO region.

Table G: Health and Healthcare Disparity (Examples in EOCCO Region)

Health Topic	Direct Quote Examples
Social and Community Context - <u>Civic Participation and Pride</u>	<i>"...Hermiston was very friendly, for its ranking...I'd say it's a pretty tight community...every time there has been a tragedy...the community steps up." (Umatilla County)</i>
Social and Community Context - <u>Poverty</u>	<i>"People who don't have the money, people who don't have, I don't know how to say, the poor people, they absolutely do not have the same as people who work.... So you have people who are sicker or chronic diseases who are the poorer population." (Malheur County)</i>
Social and Community Context – <u>Stigma/Discrimination</u>	<i>"Se sigue viendo discriminación eso me pasó hace 3 años y tenía seguro me mandaron con un especialista por un derrame en un oído al especialista me mandó para atrás con mi</i>

	<p><i>médico la recepcionista sabiendo que está en un medicamento muy estricto no me quiso dar en dos meses cita con mi doctor ahí tuve que moverme de doctor”</i></p> <p>[Translation]: “You continue to see discrimination, it happened three months ago and I had insurance when they referred me to a specialist for an ear infection and the receptionist referred me back to the doctor knowing that I was prescribed a peculiar medication and I was not given an appointment with my doctor for two months and I had to change doctors.” (Malheur County)</p>
Social and Community Context - <u>Family Involvement</u>	<p>“I think that’s a major building block...how strong a community is, how strong our families are, that’s how strong the community is. If you’ve got weak families, you’ve got weak communities. If you have strong families, you have strong communities. You’ve got a really strong family; you’ve got a really strong community.” (Morrow County)</p>
Social and Community Context – <u>Community Outreach</u>	<p>“[We have] limited media sources. We have some really good newspapers, but... we still struggle to... put posters up, and let people know what’s going on and a lot of people just don’t know what’s going on. Because they don’t go look at those things. Just in general in terms of programs, events, and resources. So reaching out to those outlying communities or those folks that live outside of town that may not come to know what’s going on.” (Wheeler County)</p>
Neighborhood and Built Environment – <u>Quality of Housing</u>	<p>[In referencing the local market value on housing] “...out in the remote communities, there just flat out are not habitable dwellings...and that’s largely market value. People would build if they didn’t end upside down by \$30,000. Take some of the equity out of the negative equation. And our hope is people who have capital and credit will start hunting. They are squatting on rentals that could be available to individuals with a lower income bracket...” (Grant County)</p>
Neighborhood and Built Environment – <u>Natural Resources</u>	<p>“...safe places to walk and get exercise...going to parks and playing with kids. So...people can get natural exercise.” (Wheeler County)</p>
Health and Healthcare – <u>Health Integration</u>	<p>[Discussing new integrated care facility] ... “...that has been a great way of two organizations going to integrate before the building gets built. We are already talking about team trainings together...the possibility of...more and more people...[thinking]... it’s great how our health care community is thinking holistically and bigger and they’re excited. They’re just excited for their own health care to see what happens.” (Wallowa County)</p>
Health and Healthcare - <u>Health Literacy/Education</u>	<p>“There are still people who have the Oregon Health Plan that don’t even know what their coverage is.” (Baker County)</p> <p>“I think a lot of people ignore symptoms and they don’t go seek help. I think people on the Oregon Health Plan don’t know what they are offered could do...” (Malheur County)</p>
Education - <u>Generic</u>	<p>“I think the Extension Service has a ‘Puente’s Program’...it’s another program that works with the students to keep them in school. And it also works with families and uh, educating them about resources and to better support their children so they keep them safe...I think they work with high schools.” (Morrow County)</p>
Economic Stability - <u>Employment</u>	<p>[Discussion of a visiting family looking for employment in the area] ... “she is a wellness coach and she was looking to move out here but here partner is a teacher...finding both of them some sort of positions and come out here [is difficult]...” (Wheeler County)</p>

Table H: Social Determinants of Health (Examples in EOCCO Region)

Health Topic	Direct Quote Examples
Education – <u>Skills Training/Vocational Education</u>	<p>“I would like to see more training in Union County that prepares [students] for jobs that are available in Union County. Not so that I can go get my fine arts literature degree so I can go work at Walmart.” (Union County)</p>
Economic Stability - <u>Food Insecurity</u>	<p>“...pero por ejemplo como el banco de comida. Ese es un muy buen ejemplo. ¿Ay un banco de comida aquí? Ay un banco de comida, pero a mi ver, no sé ustedes una ocasión yo fui y</p>

	<p><i>la verdad lo que lo que a mí me dieron fue puro pan y ya caducado a mí me toco como otras personas que no se vendieron un montón de aguacates pero que todos fueron al bote de la basura y cobrando ya ni me acuerdo cuanto se me hace que fue como \$18 o \$20.”</i></p> <p>[Translation] <i>“...for example the food bank...in my mind, [the food bank is] ...not a very good one. I went and...what was given to me was pure bread [that had] already expired, like others that did not sell... a lot of avocados...and it all went to the garbage and... [I] remember they charged me like \$18 or \$20.”</i> (Morrow County)</p>
Economic Stability - <u>Economic Development</u>	<p><i>“Financially viable...Growing businesses...[ability] to provide all the services that are needed”</i> (Harney County)</p>
Neighborhood and Built Environment- <u>Public Safety</u>	<p><i>“Pero si estas en la zona de la escuela y vives a menos de 10 cuadras o lo que sea menos de 2 millas de distancia debes ir caminando. Pero los niños de 5 años que apenas van a entrar al kínder y que uno no puede. Está bien y no porque donde está la seguridad.”</i></p> <p>[Translation] <i>“...if you are in the school zone and you live less than 10 blocks away or less than 2 miles, you must walk. But kids who are five who are just entering kindergarten...it’s fine [to walk] ...where is the security.”</i> (Morrow County)</p>
Social and Community Context - <u>Sense of Belonging</u>	<p><i>“...moving here I feel a unity in the city. Everybody seems to know everybody and... pull(s) together...I think local businesses are pretty supportive financially.”</i> (Umatilla County)</p>
Social and Community Context - <u>Trauma</u>	<p><i>“...adverse childhood events. I think children are impacted by something and by the time they enter the school system, teachers and our administrators are seeing those problems...it’s a component of family life and the dynamic [of] mental and behavioral health.”</i> (Morrow County)</p>

For more information about the EOCCO CHA analysis process, or to request transcripts , please email Jill Boyd at jill.boyd@gobhi.net.

APPENDIX A: Focus Group Protocol

Eastern Oregon Coordinated Care Organization: Community Health Assessment Focus Group (Version 4/4/2018)

OPENING REMARKS AND INTRUCTIONS/GUIDELINES

[Read] Thank you for taking the time to speak with us today! My name is _____ and I work for the Greater Oregon Behavioral Health, Inc. (GOBHI) as part of the Eastern Oregon Coordinated Care Organization (EOCCO) [we are the organizing body that oversee Medicaid or OHP services in the eastern Oregon region] and we are here to talk with you today about the health in your community. The purpose of this focus group is to learn more about your experiences and perspectives about the overall health and well-being in your community, specifically around the healthcare in your area, what is working well, where there are barriers to services/resources for members on the Oregon Health Plan (OHP) and what we can do to work together to make sure everyone in the EOCCO region stays healthy and happy. The information you are sharing with us today will help the EOCCO with a Community Health Plan, a guidance document that will help us develop strategies, strengthen community partnerships and potentially enhance services/resources to improve the overall health and well-being of eastern Oregon.

[GROUND RULES] This focus group will last about one-and-a half hours (90 minutes) and there is a lot of material to cover, so let's set some ground rules for today:

1. We will be covering various topics related to health in your community and we would like to hear from everyone, so please let's respect one another's opinions
2. If I interrupt, I am not trying to be rude, but making sure everyone can participate and that we stay on time
3. Only one person may speak at a time and try not to talk over one another
4. Please silence your phones for the next 90 minutes
5. The questions I will ask provide a semi-structured guide for discussion. I may need to ask follow-up questions for clarification and to make certain we understand your answer

[CONFIDENTIALITY] We really appreciate you participating in our focus group today and value your time, comments and privacy. For the purposes of confidentiality, your names will remain anonymous to audiences who will hear / learn about the results. This means that we will not connect your comments to your name, when we summarize results. This conversation will be recorded and transcribed for accuracy. Do you have any questions about confidentiality that I can answer at this time?

We are going to record this focus group session, but before I do, do you have any other questions?
[pause and wait for verbal and non-verbal responses before moving forward]

First we are going to briefly go around the room and have you introduce yourself and what part of the community you represent.

-----START OF FOCUS GROUP -----

[PART I: COMMUNITY HEALTH] First we are going to talk about your community. A community can be defined in many different ways, for some people a community means having a group of people living in the same location or having particular characteristics in common; for others it means having a sense of fellowship with others, having common attitudes, interests and goals.

1. Give me an example of a time where you felt proud to be part of your community?
 - a. ***Prompt if necessary:*** *In thinking about how you define a "community" tell me what makes you the proudest of your community?*
2. What do you believe are the 2-3 most important characteristics of a healthy community?
 - a. ***Prompt if necessary:*** *What community characteristics help people stay healthy? Be healthy?*
3. Share with me a time when your community came together to improve a specific health issue.

- a. **Prompt if necessary:** Give me some examples of people or groups working together to improve the health and quality of life in your community.
- 4. Tell me about some concerns you have about the health/well-being in your community
 - a. **Prompt if necessary:** What do you believe are the **most important issues** that need to be addressed to improve the health and quality of life in your community?
- 5. Give me an example of a specific challenges in your community that gets on the way of people having healthy lives.
 - a. **Prompt if necessary:** What do you believe **is keeping your community** from doing what needs to be done to improve the health and quality of life?
- 6. Give me an example of a program or policy change that would help make the community healthier (policy example: laws about tobacco and alcohol use).
 - a. **Prompt if necessary:** What actions, policies or funding priorities would you support to build a healthier community?
- 7. Give me an example of a health-related program or model that you are passionate about or that you currently participating in.
 - a. **Prompt if necessary:** What would excite you to become involved (or more involved) in improving your community?

PART II: DISPARITIES] Now we are going to talk a little bit about health disparities, which is often defined as the difference in illness, injury, disability or mortality experienced by one population group relative to another. Healthcare disparities typically refer to differences between groups in health insurance coverage, access to and quality of care.

- 8. In thinking about neighborhoods and groups in your community, do some people in your community have more health issues than others? If yes, why?
 - a. **Prompt if necessary:** What are some of the reasons why some people have more health problems and poorer health than other areas in your community?
- 9. Now think of the reverse, in neighborhood and groups of people in your community, why do some people in your community have **less** health issues than others [better health]?
 - a. **Prompt if necessary:** What are some reasons why some people have fewer health problems and better health than other areas in your community?

[PART IV: SOCIAL DETERMINANTS OF HEALTH] Finally, we are going to talk Social Determinants of Health and how they impact the overall health of an individual or community. We define social determinants of health as the settings/places where people live, learn, work and play that can shape the overall health of an individual or community. Some examples of social determinants include education (or lack of education), food insecurity, housing, employment, social stressors (hostility, sexism, racism), working conditions and transportation (or lack of transportation).

- 10. What are examples of social determinants of health, that may impact the overall health in your community
 - a. **Prompt if necessary: Tell** me how the settings/places where people live, learn, work and play impact the health in your community.
 - b. **Prompt if necessary:** Tell me how social stressors, such as hostility, racism and sexism impact the health in your community.
 - c. **Prompt if necessary:** Tell me how employment, education and skills training opportunities impact the health in your community.
 - d. **Prompt if necessary:** Tell me how social resources (transportation, housing, food) or a lack of social resources impact the health in your community.

[CLOSING REMARKS, FINAL COMMENTS] We are close to wrapping up our focus group but before we do I want to ask a few final questions...

- 11. Is there anything else that we haven't already discussed that you would like to add?
- 12. Do you have any questions for me?

[Provide at least three strengths of the conversation]

Thank you again for your time today, specifically in sharing the challenges in your community. We have come away with several strengths in your community such as:

1. _____
2. _____
3. _____

Our next steps are to summarize the information and share this back with you. Again the purpose of this focus group is to help develop a Community Health Assessment in which we can work with your community to identify areas of improvement. We really appreciate your time in speaking with us today and as a token of our appreciation we have gift cards for each of you.

APPENDIX B: Focus Group Analyses Procedure

Recordings of focus group discussions were transcribed; the typical transcript was 20 single-line spaced pages and 850 or more lines of text. A team of data analysts drew largely from the Healthy People 2020’s Social Determinants of Health Framework (www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health) that includes Health and Healthcare, five major social domains, and Health Disparities to develop a scheme to classify and summarize the information offered. The scheme’s 56 unique codes organized into five major domains was used to examine and summarize the focus group transcript.